

# COMBINED DECLARATION AND POWER OF ATTORNEY

(Original, Design, National Stage of PCT, Supplemental)

As a below named inventor, I hereby declare that:

## TYPE OF DECLARATION

This declaration is of the following type: (check one applicable item below)

- original
- design
- supplemental
- National Stage of PCT
- divisional (see added page)
- continuation (see added page)
- continuation-in-part (see added page)

## INVENTORSHIP IDENTIFICATION

My/our residence, post office address and citizenship is/are as stated below next to my/our name. I/We believe that the named inventor or inventors listed below is/are the original and first inventor or inventors of the subject matter which is claimed and for which a patent is sought on the invention entitled:

## TITLE OF INVENTION

**HEAT EXCHANGER**

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## SPECIFICATION IDENTIFICATION

The specification of which: (complete (a), (b) or (c))

- (a)  is attached hereto.
- (b)  was filed on \_\_\_\_\_ as  
 Serial No. \_\_\_\_\_ or  
 Express Mail No. \_\_\_\_\_ as Serial No. (not yet known) and was amended on \_\_\_\_\_ (if applicable).
- (c)  was described and claimed in PCT International Application No. PCT/FR2004/003332 filed on December 22, 2004 and as amended under PCT Article 19 on \_\_\_\_\_ (if any).

## POWER OF ATTORNEY

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name(s) and registration number(s))

Anthony G. M. Davis	Registration No. 27,868
Gary D. Clapp	Registration No. 29,055
Michael J. Bujold	Registration No. 32,018
Scott A. Daniels	Registration No. 42,462

Attached as part of this Declaration and Power of Attorney is the authorization of the above-named attorney(s) to accept and follow instructions from my representative(s).

Send Correspondence to:

**Customer No. 020210  
Davis & Bujold, P.L.L.C.  
Fourth Floor  
500 N. Commercial Street  
Manchester, NH 03101-1151**

Direct Telephone Calls to:  
(603) 624-9220

Direct Telefaxes to:  
(603) 624-9229

## ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I/We hereby state that I/we have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I/We acknowledge the duty to disclose to the United States Patent Office all information which is known to be material to patentability of this application as defined in § 1.56 of Title 37 of the Code of Federal Regulations.

### PRIORITY CLAIM

I/We hereby claim foreign priority benefits under Title 35, United States Code, § 119 of any foreign application(s) for patent or inventor's certificate or of any PCT international application(s) designating at least one country other than the United States of America listed below and have also identified below any foreign application(s) for patent or inventor's certificate or any PCT international application(s) designating at least one country other than the United States of America filed by me/us on the same subject matter having a filing date before that of the application(s) of which priority is claimed.

### EARLIEST FOREIGN APPLICATION(S), IF ANY FILED WITHIN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

COUNTRY	APPLICATION NO.	DATE OF FILING (day, month, year)	PRIORITY CLAIMED UNDER 37 USC 119
FRANCE	03/15257	23.12.2003	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
PCT	PCT/FR2004/003332	22.12.2004	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

### ALL FOREIGN APPLICATION(S), IF ANY FILED MORE THAN 12 MONTHS (6 MONTHS FOR DESIGN) PRIOR TO THIS U.S. APPLICATION

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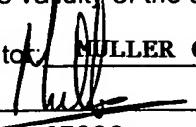
I/We hereby claim the benefit, under 35 U.S.C. 119(e), of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
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### DECLARATION

I/We hereby declare that all statements made herein of my/our own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code, and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

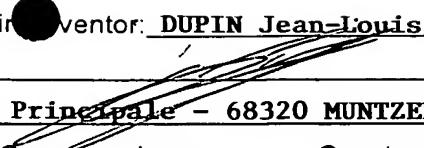
Full name of ~~sole~~ first joint inventor: MULLER Christian

Inventor's signature:  Date: June 20, 2006

Residence: 10, rue Déserte - 67000 STRASBOURG - FRANCE

Post Office Address: Same as above Country of Citizenship: FRANCE

Full name of second joint inventor: DUPIN Jean-Louis

Inventor's signature:  Date: June 20, 2006

Residence: 56, rue Principale - 68320 MUNTZENHEIM - FRANCE

Post Office Address: Same as above Country of Citizenship: FRANCE

Full name of third joint inventor: HEITZLER Jean-Claude

Inventor's signature:  Date: June 20, 2006

Residence: 142, Grand'Rue 68180 HORBOURG-WIHR - FRANCE

Post Office Address: Same as above Country of Citizenship: FRANCE

Full name of fourth joint inventor: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Post Office Address: Same as above Country of Citizenship: \_\_\_\_\_

Full name of fifth joint inventor: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Post Office Address: Same as above Country of Citizenship: \_\_\_\_\_

Full name of sixth joint inventor: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Post Office Address: Same as above Country of Citizenship: \_\_\_\_\_

Full name of seventh joint inventor: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Post Office Address: Same as above Country of Citizenship: \_\_\_\_\_

Full name of eighth joint inventor: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Post Office Address: Same as above Country of Citizenship: \_\_\_\_\_

Full name of ninth joint inventor: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Post Office Address: Same as above Country of Citizenship: \_\_\_\_\_

Full name of tenth joint inventor: \_\_\_\_\_

Inventor's signature: \_\_\_\_\_ Date: \_\_\_\_\_

Residence: \_\_\_\_\_

Post Office Address: Same as above Country of Citizenship: \_\_\_\_\_